

Charge Data InvoiceClinic Name **Juvenile Justice Outpatient Program (JJOP)**Reporting Unit **86692**

Service Date

Primary Staff Signature

Primary Staff Number

By signing this form, service provider certifies that chart notes have been completed for each billed service and filed in charts, and that billed times shown on this CDI are as indicated in the chart note.

Procedure Codes									
MHS/ MSS/CMS		Placement Order (MediCal)		Indirect			Admin Codes		
311 MHS-Collateral	315 MHS-Collateral	412 MH Promotion AB2726	300 Appt No Show						
321 MHS-Psych Testing	325 MHS-Psych Testing	417 MH Promotion Child	304 Reschedule						
331 MHS-Assessment	335 MHS-Assessment	421 Community Client (CC) Contact	305 Clinic Cancel						
341 MHS-Individual	345 MHS-Individual	422 CC Contact AB2726	403 Vacation or Leave						
341 MHS-Family Tx- Ind.	345 MHS-Family Tx- Ind.	423 Interpretation Services	404 Training Given						
351 MHS-Group	355 MHS-Group	427 C C Contact Child	405 Training Received						
361 MSS-Meds	365 MSS-Medication	435 Tx Support	406 Travel-Dept						
371 Crisis Intervention	375 Crisis Intervention	442 Classroom Obser	407 Local Meeting						
511 MHS-Evaluation	515 MHS-Evaluation	526 IEP	408 Dept Meeting						
521 MHS-Plan Dev.	525 MHS-Plan Development	461 Placement Evaluation	409 Interagency Meeting						
551 MHS-Rehab/ADL	555 MHS-Rehab/ADL	462 Hospital Liaison	410 Other Meeting						
561 CM-L&C Plan Dev	565 CM-L&C	463 Court Appearances	418 Auth Special Assign						
	565 CM-Plan Develop	661 Case Management Support	419 Admin Duties NOS						
		662 Case Management Support AB2726	457 Clin Sup Provided						
			458 Clin Sup Received						
			459 Admin Sup Provided						
			460 Admin Sup Received						

QA Indirect		SERVICE LOCATION CODES		EPB/SS	
395 QA Case Review/ Direct	1 DBH Site	04 Family Psychoeducation	14 Family Support		
451 QA Case Reviews (Non-Medi-Cal)	2 Field/OOC	07 Medication Management	16 Delivered in Partnership with Law Enforcement		
454 Q A Chart Review (Medi-Cal)	3 Non Face to Face	10 Multisystemic Therapy	99 Unknown Evidence-Based Practice/Service Strategy		
455 Q A Meetings/Indirect	4 Home	12 Peer &/or Fam. Delivered Scvs			
456 Q A Administration/Indirect	5 School	13 Psychoeducation			
	6 Satellite				
	8 Jail				

Client Number	Client Name (or Activity)	Procedure Code	Group Count	Primary Staff Time	Co Staff #	Co Staff Time	Svc Loc	EPB/SS	OK
	HOURS SCHEDULED	446		:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
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				:		:			
				:		:			
Total from Other Sheet __ (attached)		n/a	n/a	:		:			
Total Daily Time				:					